

A. CANDIDATE INFORMATION

CANDIDATE NAME (Print or Type Last, First, M.I.)	SOCIAL SECURITY NUMBER - -	TELEPHONE NUMBER (Home) ( ) -
ADDRESS (Number & Street)	(City)	(State & Zip Code)
		TELEPHONE NUMBER (Work) ( ) -

B. LIST INFORMATION

I request my eligibility be transferred FROM: (Please enter the requested information in the appropriate space below.)

DEPARTMENT NAME				EXAMINATION/LIST TITLE		SPOT/LOCATION	
LIST DATE / /	LIST CODE	LIST TYPE (Check One) <input type="checkbox"/> OPEN <input type="checkbox"/> PROM	EXAM TYPE	TIME BASE (FT/PT, INT)	SCORE	# CAREER CREDITS	# VETERANS POINTS
My eligibility was established as a result of my participation in the examination given on the date listed above. <input type="checkbox"/> YES <input type="checkbox"/> NO				NAME OF CURRENT LIST DEPARTMENTAL CONTACT		TELEPHONE NUMBER ( ) -	

I request my eligibility be transferred TO: (Please enter the requested information in the appropriate space below.)

DEPARTMENT NAME			EXAMINATION/LIST TITLE				
LIST DATE / /	LIST CODE	LIST TYPE (Check One) <input type="checkbox"/> OPEN <input type="checkbox"/> PROM	EXAM TYPE	TIME BASE (FT/PT, INT)	SPOT/LOCATION		

C. EXAMINATION COMPATIBILITY

Examinations compatible ☐ YES ☐ NO

SELECTIONS MANAGER OR REPRESENTATIVE SIGNATURE:

D. CANDIDATE'S STATEMENT

NOTE: If you do not have a job offer with the "TO" Department listed above for the classification listed under Examination/List Title, that Department has the discretion to deny your transfer request. Check with the Department first to confirm their departmental policy.

I request my eligibility be transferred because: ("x" applicable items)

<input type="checkbox"/> I have an offer of employment for this classification. Please give Division/Office Name, Whom the offer was made by and the date made	Division/Office Name	Offer was made by	Date offer made
<input type="checkbox"/> I have made or am anticipating a geographical change in residence.			
<input type="checkbox"/> I am currently employed by the appointing power with:	Division/Office Name		
<input type="checkbox"/> The appointing power has determined the transfer to be in its best interest. (Requires the signature of the Personnel Officer or Department Representative.)			

Candidate's Statement

Within the last 12 months, I did not compete in the examination resulting in the list to which I am requesting to transfer my eligibility. My request to transfer is made solely for the reason(s) I have indicated above. I hereby certify that all statements on this request are true. I understand that if it is determined at a later date that I did not meet the requirements for transfer, my name will be removed from the list and/or any resulting appointment may be terminated.

Candidate's Signature and Date

E. TO BE COMPLETED BY CERTIFICATION UNIT

"TO" DEPARTMENT:

Please forward a copy of the completed form to the "FROM" department once transfer is done to expedite removal of eligible from their list.

TO BE COMPLETED BY THE "TO" DEPARTMENT MAINTAINING THE LIST TO WHICH TRANSFER OF ELIGIBILITY IS BEING REQUESTED		TO BE COMPLETED BY "TO" DEPARTMENT	
DATE TRANSFER EFFECTIVE	TRANSFER PROCESSED BY	The Department of GENERAL SERVICES	
TRANSFER NOT PROCESSED FOR THE FOLLOWING REASON(s):		Concurs with the above request	
		PERSONNEL OFFICER OR REPRESENTATIVE SIGNATURE	DATE